



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**REINSTATEMENT APPLICATION – CROSSOVER  
OPERATOR AND/OR INSTRUCTOR**

BOARD OF COSMETOLOGY & BARBER EXAMINERS  
3605 MISSOURI BLVD., P.O. BOX 1062  
JEFFERSON CITY, MO 65102  
(866) 762-9432



**INSTRUCTIONS**

**OPERATOR**

1. COMPLETE ALL PARTS BELOW.
2. ENCLOSE REINSTATEMENT FEE OF \$90.00.
3. ANY PERSON WHO HAS ALLOWED HIS/HER LICENSE TO EXPIRE FOR A PERIOD OF MORE THAN TWO (2) YEARS MUST TAKE THE EXAMINATION IN ORDER TO REINSTATE THAT LICENSE.

**INSTRUCTORS (MUST HAVE A CURRENT OPERATOR'S LICENSE)**

1. COMPLETE ALL PARTS BELOW.
2. ENCLOSE A FEE OF \$60.00.
3. ENCLOSE \$150.00 IF APPLYING FOR REINSTATEMENT OF BOTH, ENCLOSE TOTAL FEES AND REINSTATEMENT FEES.
4. ANY PERSON WHO HAS ALLOWED HIS/HER LICENSE TO EXPIRE FOR A PERIOD OF MORE THAN TWO (2) YEARS MUST TAKE THE EXAMINATION IN ORDER TO REINSTATE THAT LICENSE.

**ALL APPLICANTS**

4. ALL LICENSES ARE ISSUED FOR A TWO-YEAR LICENSE PERIOD AND EXPIRE SEPTEMBER 30 OF EACH ODD-NUMBERED YEAR.
5. MAKE CHECKS OR MONEY ORDERS PAYABLE TO: BOARD OF COSMETOLOGY AND BARBER EXAMINERS
6. RETURN COMPLETED APPLICATION AND FEE TO: BOARD OF COSMETOLOGY AND BARBER EXAMINERS  
P.O. BOX 1062, JEFFERSON CITY, MISSOURI 65102

**PART A - COMPLETE OPERATOR/INSTRUCTOR LICENSE APPLICANT**

APPLICATION FOR OPERATOR/INSTRUCTOR LICENSE TO PRACTICE

- ☐ OPERATOR  
☐ INSTRUCTOR

**PART B - APPLICANT PERSONAL DATA**

APPLICANT'S NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

EMAIL ADDRESS

☐ (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS  
UPON REQUEST.

**PART C - LICENSE INFORMATION**

LICENSE NUMBER

DATE LAST LICENSE EXPIRED

**PART D - PRESENT ADDRESS**

STREET/ROUTE/BOX NO.

CITY

STATE

ZIP CODE

**THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO REINSTATE YOUR LICENSE, FAILURE TO DO SO WILL CAUSE THE REINSTATEMENT TO BE REJECTED AND DELAY PROCESSING.**

WITHIN THE LAST 10 YEARS, HAVE YOU BEEN CHARGED IN ANY CRIMINAL PROSECUTION, OR HAVE YOU BEEN ADJUDICATED GUILTY OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN ANY CRIMINAL PROSECUTION IN MISSOURI, OR ANY OTHER STATE, OR IN A UNITED STATES COURT FOR A FELONY CONVICTION?

☐ YES ☐ NO IF YES, ATTACH A STATEMENT OF THE DETAILS OF SUCH ACTION ON A SEPARATE SHEET

HAS YOUR COSMETOLOGY OR BARBER LICENSE BEEN SUBJECT TO DISCIPLINARY ACTION BY A BOARD OF COSMETOLOGY AND BARBER EXAMINERS IN ANOTHER STATE?

☐ YES ☐ NO IF YES, ATTACH A STATEMENT OF THE DETAILS OF SUCH ACTION ON A SEPARATE SHEET

Pursuant to Section 324.010 RSMo:

☐ CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

*False statements are subject to criminal penalties and/or license discipline.*

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).

I DECLARE THAT ALL OF THE INFORMATION  
CONTAINED HEREIN ABOVE IS TRUE, AND TO  
THE BEST OF MY KNOWLEDGE AND BELIEF. ►

APPLICANT'S SIGNATURE

DATE